

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 OCT 30 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000034040

1. Limited Liability Company's Name

Design Techniques LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 7667 Cedarwood Circle		3. Mailing Office Address 7667 Cedarwood Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boca Raton FL		City & State Boca Raton FL	
Zip 33434	Country USA	Zip 33434	Country USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 4/7/2005

6. FEI Number None ☐ Applied For ☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Harriet Moskowitz

Street Address (P.O. Box Number is Not Acceptable)
7667 Cedarwood Circle

Suite, Apt. #, Etc.

City
Boca Raton

State
FL

Zip Code
33434

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Harriet Moskowitz
REGISTERED AGENT MUST SIGN

Date 10/22/07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	HARRIET MOSKOWITZ	7667 CEDARWOOD CIRCLE	BOCA RATON FL 33434

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager Harriet Moskowitz Date 10/20/07 Daytime Phone # 561-483-8843

Typed or printed name of signing Managing Member/Manager Harriet Moskowitz